HOSPITAL INET USER AGREEMENT

As an employee of _____ *(if more than one hospital is applicable please attach and submit a list of all hospitals with this Agreement),*
OR as an employee of a contractor of _____ *(if more than one hospital is applicable please attach and submit a list of all hospitals with this Agreement),*
I will be allowed to access *DHCFP-INET*, the data reporting system provided to _____ by the Division of Health Care Finance and Policy.

- I promise that I will not disclose my *DHCFP-INET* user ID and password to any other person.
- I promise that I will not attempt to access or look at *DHCFP-INET* data other than what is required to perform my job.
- I promise that I will use any data I receive from *DHCFP-INET* only as permitted and only in furtherance of my job.
- I promise that I will not share any data I receive from *DHCFP-INET* with others unless doing so is necessary to do my job (pertains to patient level confidential data only).
- I promise that I will discuss data I receive from *DHCFP-INET* with others only as required to perform my job and will conduct such conversations only in non-public areas where I am unlikely to be overheard (pertains to patient level confidential data only).
- I promise I will not disclose any data that I receive from *DHCFP-INET* to any third party unless I have specific written permission from my supervisor or the legal order of a court (pertains to patient level confidential data only).
- I understand that the Division of Health Care Finance and Policy retains ownership of all data that resides in *DHCFP-INET*.
- I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of *DHCFP-INET*.

REQUIRED INFORMATION – please print and no abbreviations:

Name Prefix (Mr., Ms., Mrs., Dr.):

_____

Name (if common name please provide middle name initial):

_____

Job Title: _____

Work Mailing Address (include name of company and department):

_____

_____

Email Address (used to send User ID and Password information):

_____

Work Telephone: _____

Work Fax: _____

User Signature: _____

Date: _____

USER'S INET WEB SECURITY

Pass phrases are used by the Help Desk staff to ensure they are speaking with the correct person. When an INET User calls for assistance and requires using confidential information or sensitive issues, the Help Desk will use pass phrases as a means to confirm the identity of the caller. Below is a list of frequently used phrases.

Pass Phrases:

- Favorite Singer
- Favorite Vacation Location
- Favorite Sports Team
- Favorite Hobby
- Favorite Pet's Name
- Favorite Teacher's Name
- Anniversary Date
- Father's Middle Name
- First Child's Middle Name
- Make, Model, and Year of First Car

INET USER'S WEB SECURITY ITEMS (required):

City or Town of Birth:

_____

Pass Phrase *(*please see above to select a Pass Phrase):

_____

Pass Phrase Answer:

_____

Check the type of access for this User Agreement		
Check One	**User Profile**	**Functions**
☐	Data Reporter's INET Administrator	The person responsible for the *DHCFP-INET* Administration (creates and maintains web user accounts online and via paper forms.) Also has the ability to: submit information, download, edit, view and print reports.
☐	Data Reporter's Individual INET User	Ability to: submit information, download, edit, view and print reports.

IMPORTANT NOTE: Only check the submissions that User will submit or have access to under this Agreement.

HOSPITAL SUBMISSIONS

- ☐ TEST Health Safety Net (HSN) 837I Institutional Claims
- ☐ Health Safety Net (HSN) Supplementary Monthly Report
- ☐ Health Safety Net (HSN) Claim Denial
- ☐ Health Safety Net (HSN) Remittance Advice
- ☐ Health Safety Net (HSN) Quarterly Surcharge Provider Report
- ☐ ER Bad Debt Evidence Form (must be registered for Test HSN 837I Institutional Claims to access this form)
- ☐ Annual Hospital 403 Cost Report (this item applies to acute care and non-acute care hospitals)
- ☐ Quarterly Hospital Financials
- ☐ Annual Hospital Financials
- ☐ Quarterly Hospital Beds Report
- ☐ Hospital Inpatient Data (Case Mix)
- ☐ Outpatient Observation Data
- ☐ Emergency Department Data
- ☐ Health Safety Net (HSN) Hospital POPS Remittance
- ☐ Hospital Licensed Health Center Annual Cost Report
- ☐ TEST Hospital Trauma Data
- ☐ HSN Special Circumstances Application

Name of Data Reporter (if User contracts with Data Reporter): _____